

CLASS C REINSTATEMENT FORM

228392

File the original with:

Public Service Commission of South Carolina
 Clerk's Office
 Motor Carrier Matters
 P.O. Box 11649
 Columbia, S.C. 29211
 (803) 896 - 5100
 FAX (803) 896-5199

Mail or fax a copy to:

S.C. Office of Regulatory Staff
 Transportation Department
 1401 Main Street, Suite 900
 Columbia, S.C. 29201
 (803) 737-0578
 FAX (803) 737-0815

RECEIVED

MAR - 7 2011

DATE: 3-4-11ORS
T,T,W,W,W

Please
process
ASAP!
Thank you
Doris
Quick
Kahill

Please consider this an application for Reinstatement of my:

- ☐ Taxi Certificate Number _____
- ☐ Charter Certificate Number _____
- ☐ Charter Bus Certificate Number _____
- ☒ Non-Emergency Certificate Number 2009-210-T - 8125

My certificate was revoked/cancelled on 1-27-11 because failure to
 (DATE) provide proof of insurance

I am seeking reinstatement because I am ready to begin my
business in non emergency again.

Doris QuickKahill
 (Name of Company)

DBA Quick Transportation
 (if applicable)

2165 Hwy 9 W
 (Street Address)

(Mailing Address if different from Street Address)

Wallace SC 29594
 (City, State, Zip Code)

Doris QuickKahill
 (Signature)

803-236-9494
 (Telephone Number)

owner
 (Title) Owner, President, etc.

K

ORS Revised 2-22-10

MAR 6 2011
 CLERK'S OFFICE